European Journal of Business and Management
ISSN 2222-1905 (Paper) ISSN 2222-2839 (Online)
Vol.5, No.29, 2013

Adolescents Health and Management of Sexual Risk Taking Behaviour among Selected Secondary School Students in Osun State, Nigeria.

*(1) B.L. Ajibade (RN,Ph.D,FWACN). Lecturer, Ladoke Akintola University of Technology, Ogbomoso, College of Health Sciences, Department of Nursing, Isale-Osun, Osogbo, badelawal@yahoo.com 08034067021.
(2) E.A. Oyedele, (RN, MEd), Lecturer, Department of Nursing, Faculty of Basic Medical Sciences, University of Jos, Plateau State.
(3) A.D. Ajayi, (RN, MSc), Lecturer, Department of Nursing, Faculty of Basic Medical Sciences, University of Jos, Jos, Plateau State.
(4) Amoo P.O (5) Makinde O.Y (6) Adesina Kam
* Corresponding Author.

ABSTRACT

The study aimed at assessing adolescents health and management of sexual risk-taking behaviorus among selected Senior Secondary School Students in Osun State, Nigeria. A sample of 810 students was selected through multistage sampling technique. A self-designed instrument was used to collect data from the respondents. Apart from the face validity of the instrument, its reliability was determine through the pilot study carried out among 20 Senior Secondary School Students of the Seventh-day Adventist School, Ife, it yielded test retest reliability of 0.82:

Data collected were analyzed using descriptive analysis of percentages. The results showed that majority of respondents (74.1%) were between 13-15 years while 7.4% were between ages 19 and 21: 58.9% respondents were Christians, 31.4% Muslims 4.8% traditional religion and 4.9% of respondents did not respond. Majority of respondents (735) 90.8% were not sure of what sexual and reproductive health was all about, while only 24.7 (200) agreed that reproductive health deals with both male and female organs. 25.8% of respondents said they willingly had their first sexual experience, 19.4% said they were persuaded to do it, 14.1% were forced to do it and 0.6% were not sure of how they had the experience. High percentage (52.4% of the respondents took no precautionary measure in their first sexual intercourse. Majority of the sexually active respondents (65.9%) said they over heard or currently experience some signs of STDs such as gonorrhea, syphilis and PID. Similarly, some of these respondents (24.7%) managed these conditions through self medications by buying drugs from the chemists while 26.9% went to hospital for treatment. It was concluded that opportunity should be created through awareness campaign for adolescents to develop awareness on their sexuality.

Key words Adolescent, Health management, sexual risk-taking, behaviours, secondary school students.

INTRODUCTION - Adolescence is a special phase of life because of its multidimensional characteristics. These features make this stage of life an interesting one to scholars, parents, religion and political leaders. It was described as a time of opportunity and risk. A time of opportunity because during this time, attitudes, values and behavior that determine a young person's future begin to crystallize and take shape[1]. Young people are more likely to adopt and maintain behaviours than older people with well established habits, they are therefore good candidates for reproductive health-risk prevention efforts. Adolescence stage is the period between child-hood and adult hood which is characterized by an increase in personal control, responsibility and independence. Adolescents are usually out of home to explore the outside world and test their independence? It is this constant struggle for dependence and independence that confuses and challenges adolescents and their families. The family experiences sudden and abrupt disturbances as adolescents reject and question values and defy rules while attempting to individualize[2]. Adolescence is a period of life that is regarded as a period of intense sexual drive, as well as drug experimentation[3]. Adolescents, therefore are vulnerable group at risk of contracting sexually transmitted disease and HIV/AIDs[4]. It was reported that many countries, including Nigeria, still have problems in ensuring good adolescents & reproductive health practices[5]. Youths with economic resources and those with less stable living environments are more likely than other youths to engage in sexual behavior that put them at contracting STDs and HIV/AIDS[6].

It was acknowledged that adolescents remain a neglect, difficult to measure and hard to reach population[7]. Studies of early and middle adolescents report increasing sexual activity, multiple sex partners, pregnancy and sexually transmitted diseases[7]. Adolescence is the period during which individuals commonly begin to identify their sexual orientation as part of their developing sexual identity. However, this identification

process can be profoundly influenced by cultural believe and values, by societal and family pressures as well as peer groups. It is possible for individuals to have close relationships without becoming sexually involved. At the same time, people can be involved in sexual relationships that are not particularly intimate. The development of intimacy during adolescence, involves changes in the adolescents need for intimacy, as well as changes in the capacity and opportunities to have intimate friendships. The social environment provides the opportunities, barriers, role models and support for individual's development. Therefore, social environment contributes uniquely to adolescent's development and health[8]. Young people are vulnerable to sexual risk behaviours because of myriad social and cultural factors that are often beyond their control. Many girls engage in intercourse out of economic necessity and for material gain. Some young women engage in sex with older men who asked out adolescent school girls for sex in exchange for money or gifts[9]. Changes in family structure and parent employment have resulted in young people having more time unsupervised by adults, high rates of divorce, increasing numbers of single parents, and greater percentage of working mothers have become characteristics of Nigeria Society[8]. Levels of sexual activities among adolescents may be affected by the family environments, parental examples, peer pressure, exposure to media and harsh economic conditions[8]. Peer groups play a significant role in the socialization of adolescents. Peers serve as credible source of information, role models of new social behaviours, sources of social reinforcement and bridges to alternative life-styles. Peers play a crucial role in reproductive health practices both in suggesting courses of action and other times, by directly providing the need services[10].Peer pressure is a powerful influence in young men and women's decision to engage in unprotected sex. The greatest social influence on adolescents as to whether or not they will take part in health risk behaviours are their peers". Young people's social influences clearly affect their likelihood of engaging in risky behaviours, particularly early sexual debut and non-use of condoms[12].

In a world radically changed before the HIV/AID epidemic, many teens nevertheless choose to initiate sexual intercourse. Teens decisions whether to have sex and whether to protect themselves from pregnancy and sexually transmitted infections (STIs) are influenced by many factors. For example, a study of students aged 13 to 18 found that not initiating sex was associated with having a two-parent and higher socioeconomic status, residing in rural areas, performing better in school, feeling greater religiously, not having suicidal thoughts, and believing parents care and bold high expectations for their children. Youth have little control over most of these factors[13]. Another study of high school youth found links between number of sexual partners and other risk behaviours, such as carrying a weapon, physical fighting, using alcohol, marijuana, and/or cigarettes Across ethnicity and gender, alcohol use was the only risk behavior that was significantly and consistently associated with an increase in the number of sexual partners[14]. Seventeen percent of teens ages 13 to 18 who have had an intimate encounter say they have done something sexual while under the influence of drugs or alcohol that otherwise they might not have done[15]**.** In a study of youth ages 11 to 25 respondents who were not sexually active scored significantly higher, than sexually active youth on the importance of religion in whom they considered to be religious or spiritual[16]. When asked why they had sex for the first time, 13 percent of young men ages 13 to 18 cited pressure from friends compared to seven percent of young women Eight percent of young women and one percent of young men cited pressure from a partner as a factor[15]. Over 16% percent of teenage females reported first sexual intercourse by age 15, Among young age women ages 20 to 24, nearly half (49.9%) reported first sex by age 18. Among teenage males, 8.3% reported first sex by age 15. Among those ages 20 to 24, 36.6% reported first sexual intercourse by age 18[14]. In one survey of sexually experienced teens, over 13% of women and over 27% of men reported exchanging money, gifts or favours for sex in the previous 12 months. Among sexually experienced youth ages 18 to 24, 72% of males and 81 percent of females had ever used contraception. Males were most likely (43%) to have used condoms and females (31%), the rhythm method[17]. In one study among rural female teens, over 80% of those ages 17 to 19 had experienced sexual intercourse.

At the time of the study, 802% had chlamydral infection and 6.6% trichomonoasis. Overall, 16.5 percent had same STI. Over 6% of sexually experienced women under age 17 had since STIs[19].

Research Objectives: The specific objectives include the following:

(1) To assess adolescents knowledge of sexual and reproductive health.
(2) To determine the health status of adolescents in selected senior secondary school in Osun State.
(3) To identify the sexual risk-taking behaviors among senior secondary school students.
(4) To determine the consequences of sexual risk-taking behaviors of these adolescents and how they manage such consequences.

Research Questions: The research answered the following questions;-

(1) What is the knowledge of adolescents about sexual and reproductive health?
(2) What is the health status of the adolescents in selected senior secondary schools in Osun State?
(3) What are the common sexual risk-taking behaviors among adolescent in senior secondary school of Osun State?
(4) How do adolescents manage sexuality related health problem arising from sexual risk-taking behavior?

METHODOLOGY

Research Design - An exploratory research design was used to examine the adolescents' health and management of sexual risk-taking behavior in some selected senior secondary schools in Osun State, Nigeria.

Research Setting- The study was carried out in Osun State, South West of Nigeria. It was created out of the Old Oyo State in 1991. The State is bounded in the North by Kwara State, in the east by Ekiti and Ondo states and in the south by Oyo State.

Study Population - The population for the study was selected from eighteen secondary schools that were systematically selected from the three hundred and forty seven secondary schools in the state. The study population of adolescents was selected from these schools using simple random sampling. The age range of the students was between 13 and 21 years, consisting of males and females.

Sample Size and Sampling Technique: Sample Size of eight hundred and ten students (810) was involved in the study. Multistage, sampling technique was adopted which involved the clustering of all towns in Osun State, from where convenient sampling technique was use to choose two towns, in each of the three senatorial districts. Three senior secondary schools were then randomly selected from each town from each of the schools, one class was randomly selected from SS1, SS2 and SS3 Fifteen students were randomly selected arm totaling 45 students from each of the selected schools.

Instrument for Data Collection - A researcher's developed questionnaire was used for data collection. It was a semi-structured questionnaire containing both open and closed ended items. It comprises of three sections; section A; focuses on the adolescent and parental demographic variables, section B, focuses on Adolescents sexual risk-talking behavior while section C, focuses on health seeking behavior of the adolescents. The face validity of instrument was carried out by experts in the field of sexuality and Health Education. The reliability of the instrument was determined among twenty students (20) of the Seventh-day Adventist Secondary School, Ile-Ife. The results, using spearman. Brown coefficient yielded 0.82, hence the instrument was considered reliable.

Ethical Consideration - The researcher contacted the local schools' Board of each school selected to seek for permission, the principals of the selected schools were contacted to get permission for the study. Each subject's consent was sought before embarking on data collection.

Methods of Data Collection: The three (3) researchers administered the question by themselves with the help of the vice-principal academics of each school and some trained researcher assistants recruited from the department of Nursing, LAUTECH, Osogbo. Questionnaire was administered to all subjects in each of the selected school at the same day, time and same hall. The filled questionnaire was collected by the researcher, vice principals or researcher's assistants as the case applied.

Data Analysis - Data generated from the study were analysed using descriptive statistics such as frequencies and percentages.

RESULTS

TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The table depicted that 74.1% of the respondents were between age range of 13-15years, while 7.4% were between ages 19 and 21 years. Most of the respondents 58.9% were Christians, 31.4% were muslims and 4.8% were traditionalists while 4.9% refused to indicate their religion. 33.3% of the respondents were in SS1, SS2 and SS3 respectively. 41.7% of respondents came from a monogamous family, 31% were from polygamous homes, and 12.2% had single percentage.

94.7% of the respondents fathers had some form of education or the other (primary, secondary or post secondary education). Only 5.3% of the respondent's father had no formal education.

With reference to the income of the parents, 43.3% of respondents' father earned less than N10,000 per month, 28.4% earns between ₦10,000 and ₦20,000, 14.4% earns between ₦21,000 and ₦30,000; while 12.3% earns ₦31,000 and above.

TABLE 2- Respondents' Knowledge of Sexual and Reproductive Health / Present State of Health.

Table 2: showed that 0.1% of the respondents viewed sexual health as self-esteem to make choices about activities congruent with one's value system and beliefs, 3.2% responded that it was the awareness of factors that may enhance or distract from the state of sexual well-being, 0.2% agreed that it was the accurate information about the physical emotional and social aspect of sexuality, 5.7% said it was sexual interrelationship between male and female or intercourse between male and female. Similarly, some of respondents (43.1%) were not sure of what reproductive health is; 30.6% said it was the act of giving birth to children or act of procreation, 24.7% believed that reproductive health deals with both male and female organs, 1.1% agreed that was a period of maternity, care of new born and women's health care, while 0.5% responded that it was sexual health and management of family planning. Majority of the respondents (90.8%) agreed that their state of health ranged between excellent and good while 5.3% of the respondents viewed their health as fair and 0.5% responded that their state of health was poor.

On the respondents sources of their information about sexual and reproductive health, it revealed that most of the respondents (62.3%) were not sure about their source of information. 12.3% agreed that they got the information from their parents, 7.3% said that television was their source, while 18.1% had varied sources such as schools, parents, book and friends/peers. Similarly, 50.9% of the respondents claimed to have been taught something about ST1s and HIV/AIDS in the school while 39.9% said they were not taught (Table 3). It was evident that 25.8% of the respondents willingly had their first sexual experience, 19.4.% were persuaded to do it, 14.1% were forced to do it and 0.6% were not sure of how they had the experience. It was also revealed that most of the respondents (52.4%) did not make use of any precautionary measure during their first intercourse, while 47.6% of respondents made use of condoms, pills or withdrawal method. More than half of the respondents (63%) did not have a reason for making use of precautionary measures while 37% of respondents reported to have used precautionary measures to prevent pregnancy, HIV and STDs respectively (Table 4).

4.2% claimed to have regular sexual partners, 27.5% had casual partners while 28.45 had sex indiscriminately with all sorts of people for monetary gain or in exchange for a favour Table(5). Most of these adolescents (47.5%) don't make use of any preventive measures when they have sex, 42.8% make use of condoms, while 6.4% uses pills and 2.9% make use of withdrawal method. Majority of the sexually active respondents (65.9%) and they ever had or were currently experiencing some signs of STDs such as gonorrhea, syphilis, PID, candidiasis etc (See table 7) Similarly, some of these respondents (24.7%) managed these conditions through self-medications by buying drugs from the chemists while some (26.9%) went to the hospital for treatment (see table – 6).

Discussion of findings

From the findings of the study, it was evident that some of the respondents were either forced to have sexual intercourse or persuaded to do it, which might not be unconnected with peer influence, this was congruent with finding of Nzioka[6] who reported that adolescents were motivated into taking decision in sex related matters by peers. It was also discovered that majority of respondent carried out sexual intercourse for monetary gain and to solicit for favour, this finding supported that of Radhakrishna[9] who reported that the reason why many adolescents enter into sexual relationships is their need for money, which they often used to pay for their school fees, up-keep and respondents who have experienced sexual intercourse do so with casual partners who they may not even know much about as they were enticed by money and pressure from peers. This finding corroborated the finding of valois et al who reported that 13% of young men ages 13 to 18 cited pressure from friends compared to 7% percent of young men. It was evident in this study that majority of the sexually active respondents (65.9%) said they ever had or are currently experiencing some signs of STDs such as gonnorhea, syphilis, PID, candidiansis etc. This finding is congruent with the findings of Brabin et.al[19] which reported that 8.2% of experienced sexually women had chlamydial infection and 6.6% of them under 17 had some STI.

It was also reveal that more than half of the respondents (52.4%) did not make use of any precautionary measure during their first intercourse, while 47.6% of respondents made use of condoms, pills or the withdrawal method. This finding supported that if Araoye and Amoye, (1998) that among sexually experienced youth, males were most likely (43%) to have used condoms and females (31%) the rhythm methods. It was also inferred from the finding that most of these adolescents who had one sexual problem or the others, solved the problem through the use of drugs bought without prescription or traditional medicine, some went to the hospital for the treatment while others did nothing about it, which may have devastating effects on their health in their later live.

Health Implication - It is imperative on the stakeholders in our secondary schools to make a policy on establishing school health clinics in all the secondary schools; when established, it should be staffed with nurses and nurse midwifes with a visiting community health medical practitioner. These professionals should be saddled with responsibilities of giving sexuality education to the students and carrying out periodic medical

check-ups on them - in order to detect in time any health problems that can affect these students in their later lives. Parents should be health educated on how to interact with their children and wards on issue of sexuality so that any misinformation by their peers would be reduced if it cannot be removed.

A law should be enacted by the house of assembly of each state for a policy statement that should make it mandatory for all secondary schools to request for medical reports of all students to be admitted into schools, this will serve as a baseline health information on each student. The school clinic will base the periodic screening of the student on the one that would have been brought during the period of admission.

Nurses and Nurse-Midwives working in the school health clinics should pocess qualities of empathy, mothering figure, confidentiality and should not be judgemental whenever deleterious health problems are discovered during the health screening exercises.

If the school health services are provided, all professionals working there should be made to undergo refresher courses on human sexuality and psychology of adolescents.

CONCLUSION

Adolescent health and management of sexual risk-taking behaviours are important issues that need the attention of parents (because the adage says charity begins at home, government (because a nation that fails to educate their young one will fail to develop), and also the health workers; through counseling, health inspection of schools and organizing symposia, seminars and workshops that will educate and assist the younger ones on how to overcome sexual risk behaviours. Confidence should always be built in children to be able to express their mind whenever something in sexual behavior is bordering them. It was evident that any adolescent could be involved in sexual risk-taking behaviours irrespective of their background.

Suggestions

* Sexuality education, should be introduced into secondary school curricula so that they can understand sexuality and reproductive health that will enable them avoiding unwanted pregnancies.
* Parents should be well informed that they need to start educating their children at home concerning their reproductive health because failure to do so might lead to being misinformed by their peers.
* Parents and Guardians should be enlightened on importance of been free and open to their children and wards as this would allow the children to express their sexual behaviours to them freely.
* Governments at all levels should provide health services that would serve the health needs of the adolescents.
* Adolescents should be enlightened through seminars, and symposia to increase their awareness on healthy sexual behavior, risk involved in unhealthy sexual behavior and how they could be protected.

Table 1: Socio – economic characteristics of Respondents.

Characteristics	Frequency	Percentage.
AGE		
13 – 15	600	74.1
16 – 18	150	18.5
19 – 21	60	7.4
TOTAL	**810**	**100**
SEX		
Male	395	48.8
Female	415	51.2
TOTAL	**810**	**100**
RELIGION		
Christianity	477	58.9
Islam	254	31.4
Traditional	39	4.8
No Response	40	4.9
TOTAL	**810**	**100**
PRESENT CLASS		
Sss 1	270	33.33
Sss 2	270	33.33
Sss 3	270	33.33
TOTAL	**810**	**100**
FAMILY TYPE		
Monogamy	338	41.7
Polygamy	251	31.0
Single Parent	99	12.2
No Response	122	15.1
TOTAL	**810**	**100**
EDUCATIONAL QUALIFICATIONS		
Primary School Completed	255	31.5
Secondary School Completed	90	11.1
NCE/RN/OND	127	15.6
HND/BA/BSc	167	20.6
Post Graduate	128	15.8
No Formal Education	43	5.3
TOTAL	**810**	**100**

Table 2: Respondents' knowledge of sexual and reproductive health / present state of health.

What is sexual health?	**Frequency**	**Percentage**
Self Esteem to make choices about activities congruent with one's value system and beliefs	1	0.1
Awareness of factors that may enhance sexual well-being	26	3.2
Accurate information about the physical, emotional and social aspect of sexuality.	2	0.2
Sexual relationship between male and female	46	5.7
Not Sure	735	90.8
Total	810	100
What is reproductive health		
Deals with both male and female organ	200	24.7
Maternity nursing, family, newborn and women's health care	9	1.1
Sexual Health and Management of family planning	4	0.5
The act of giving birth to children or procreation between a man and a woman in order to give birth to an offspring's	248	30.6
Not sure	349	43.1
Total	810	100
Subjects description of their state of health	Frequency	Percentages
Excellent	249	30.7
Very Good	316	39.0
Good	171	21.1
Fair	43	5.3
Poor	4	0.5
No response	27	3.3
Total	810	100.0

Table 3: Subjects sources of sexual health and education and knowledge about sexually transmitted infections /HIV/AIDS

SUBJECTS SOURCES OF SEXUAL HEALTH EDUCATION	**FREQUENCY**	**PERCENTAGE**
School	29	3.6
Friend	44	5.4
Parents	145	17.8
TV	59	7.3
Books/Magazine	30	3.6
Not sure	503	62.3
TOTAL	**810**	**100**
KNOWLEDGE ABOUT STIS AND HIV/AIDS	Frequency	Percentage
Yes	412	50.9
No	315	38.9
No response	83	10.2
TOTAL	**810**	**100**

Table 4: Subject first experience of sex precautionary measure used and reasons

FIRST EXPERIENCE	**FREQUENCY**	**PERCENTAGE**
Forced to do it	147	14.1
Persuade to do it	157	19.4
Willing to experience it	209	25.8
Felt old enough to do it	55	6.8
Not sure	5	0.6
TOTAL	**810**	**100**
PRECAUTIONARY MEASURE USED DURING FIRST SEXUAL INTERCOURSE		
Condom	334	41.2
Withdrawal	27	3.3
Pills	25	3.1
Nothing	424	52.4
TOTAL	**810**	**100**
REASON FOR USING PRECAUTIONARY MEASURES		
Pregnancy	223	27.5
HIV	45	5.5
STD	32	4
No Reason	510	63
TOTAL	**810**	**100**

Table 5: With whom did you have sexual intercourse in the last 3 months and what precautionary methods do you frequently used?

WITH WHOM DID YOU HAVE SEXUAL INTERCOURSE IN THE LAST 3 MONTHS?	**FREQUENCY**	**PERCENTAGE**
Regular Partner	334	41.2
Casual Partner	223	27.5
With someone for whom money was paid	23	2.8
Others	230	28.4
TOTAL	**810**	**100**
PRECAUTIONARY METHODS FREQUENTLY USED		
Condom	347	42.8
Withdrawal	23	2.9
Water & Salt	3	0.4
Nothing / None	385	47.5
Pills	52	6.4
TOTAL	**810**	**100**

KEY TO TABLE 6

Ever had this in the past 4
Had it in the last three months 3
Currently have this 2
Never had this 1

Table 6: Showing the previous or current experience of listed condition.

CONDITIONS	4		3		2		1	
	Freq	%	Freq	%	Freq	%	Freq	%
Pregnancy	64	17.3	50	13.6	11	3.0	244	66.2
Pain while urinating	146	18.0	126	42.4	29	5.6	182	34.1
Pain or inflammation around your genitals	94	15.4	102	95.0	58	9.5	357	58.4
Rashes / sore in the genitals, around your penis, scrotum or the vagina	60	9.9	85	14.0	51	8.4	408	67.2
Itching around the genitals	71	12.3	93	15.5	54	9.0	378	63.0
Irregular menstruation (for girls)	77	13.3	78	13.4	47	8.1	379	64.9
Very painful menstruation that often disturb your daily activities	94	16.1	83	14.1	68	11.6	342	57.8
Pain/bleeding during sexual intercourse	96	16.2	63	10.7	65	11.0	366	61.7
Yellowish offensive vaginal discharge	54	11.3	42	8.8	70	14.6	313	65.3
Whitish vaginal discharge	69	13.1	62	11.8	66	12.5	331	62.8
Pus coming out of the genitals	63	13.1	47	8.7	44	9.2	332	69
Failing of examination	71	12.2	50	8.6	45	7.8	416	71.5
Psychological disturbance	72	12.6	58	9.8	47	8.1	400	69.5
Rejection	91	14.4	58	9.2	56	8.9	427	67.6

KEY TO TABLE 7

Bought Drugs from the Chemist and Use	4
Went to Hospital and Took Prescriptions from a Health Care Provider	3
Use Traditional Medicine	2
Did not do anything	1

Table 7 : showing types of management adolescent adopt in managing their problems.

CONDITIONS	4		3		2		1	
	Freq	%	Freq	%	Freq	%	Freq	%
Pregnancy	42	10.9	32	8.3	23	6.0	289	74.8
Pain while urinating	111	24.7	129	28.7	81	18.0	128	28.5
Pain or inflammation around your genitals	81	21.8	52	14.0	34	9.1	205	51.1
Rashes in the genitals, around your penis, scrotum or the vagina	54	14.1	82	21.4	48	12.5	200	56.6
Sore on the genitals	45	12.6	88	24.6	34	9.5	200	53.2
Itching around the genitals	54	13.7	106	26.9	36	9.1	198	50.3
Irregular menstruation (for girl)	44	13.1	75	22.3	33	9.8	185	54.9
Very painful menstruation that often disturb your daily activities	61	16.2	87	23.1	37	9.8	191	50.8
Pain/bleeding during sexual intercourse	46	12.9	85	23.9	34	9.6	191	53.6
Yellowish offensive vaginal discharge	36	12.5	79	27.3	24	8.3	150	51.9
Whitish vaginal discharge	39	12.7	67	21.8	35	11.4	167	54.2
Pus coming out of the genitals	32	12.1	56	21.1	20	7.5	157	58.3
Failing of examination	36	10.3	61	17.4	28	8.0	225	64.3
Psychological disturbance	50	10.4	55	11.4	42	8.7	327	69.5
Rejection	72	15.9	53	11.7	29	6.4	300	66.0

REFERENCES

1) Christianah, G.R. et al. Problems related to school girls pregnancies in Burkina Faso. Studies on family planning. 2005: 24, 5: 283 – 294.

2) Dickson, L. Implementing reproductive Health programmes: Report of a donor workshop co-sponsored by the Uk overseas development Administration and U.S Agency for Interaction development, London, London School of Hygiene and Tropical medicine, 2001 June 12-14.

3) Faijo P. Adolescents development and its implication for AIDs preventing. Journal of Health Promotion 2004; 4, 1-2.

4) Izugbara, O.O. Tasting the forbidden fruit. The social context of Debut Sexual Encounters among young person in a Rural Nigeria Community. Respond Health. 2004, 5, 2: 22 – 29.

5) Lan Caster, B.R. Glober Trends in Adolescents health. Journal of the American Medical Association 2004, 20, 265: 22 – 29.

6) Nzioka, C.A. Qualitative study of Primary School pupils perception of sexual and health risk in Bondo district, Nyanza Province, Consultancy Report submitted to future Group Europe. 2001.

7) Omotoso, B. A. Perception of AIDS as correlate of sexual behavior among University undergraduates in Southwest Nigeria. A thesis submitted to Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria. 2002.

8) Radhakrishna, A. Identify the intersection: Adolsecents unwanted Pregnancy, HIV/AIDs and unsafe abortion 2nd ed, chapel Hil; NC 27156 USA, Hopkin Design Group Ltd. 2000.

9) Sunmola, C. Adolescent Sexuality in Nigeria: advocates for youth. The facts 2003.275-276.

10) Travis, A. Young people at risk; fighting AIDs in Northern Tanzanca, Oslo: Scandinavian University Press 2003.
11) WHO: Counselling for HIV/AIDs: A key to caring for policy makers, planners and Implementation or counseling activities. WHO report issue 109; 2005.
12) WHO: The health of youth, facts for action. Youth and Reproductive Health; 2003: 1-11.
13) Valois Rf et al. Relationship between number of sexual intercourse partners and selected health risk behaviorus among public high school adolescents. J Adolescent Health, 1999:
14) Lammers C et al. Influences on adolescents decision to postpone onset of sexual intercourse: A survival analysis of virginity among youths aged 13 to 18 years J. Adolescent health 2009, 26:41-6.
15) Kaiser family foundation, ym magazine. National Survey of Teens: Teens Talk about Dating, intimacy, and Their sexual experiences. Menlo park, CA; The foundation, 1998.
16) Holder Dw et al. The association between adolescent sexual spiritually and voluntary sexual activity. I Adol Health 2000, 295 - 302.
17) Araoye M.O, Fakoye O.O. Sexuality and contraception among Nigerian adolescent and youth: Evidence from focus group discussion. International fun: plan Perspect 2001; 27:77-81.
18) Brabin L. et al – Reproductive tract infections and abortion among adolescent girls in rural Nigeria. Lancet 1995.

This academic article was published by The International Institute for Science, Technology and Education (IISTE). The IISTE is a pioneer in the Open Access Publishing service based in the U.S. and Europe. The aim of the institute is Accelerating Global Knowledge Sharing.

More information about the publisher can be found in the IISTE's homepage: http://www.iiste.org

CALL FOR JOURNAL PAPERS

The IISTE is currently hosting more than 30 peer-reviewed academic journals and collaborating with academic institutions around the world. There's no deadline for submission. **Prospective authors of IISTE journals can find the submission instruction on the following page:** http://www.iiste.org/journals/ The IISTE editorial team promises to the review and publish all the qualified submissions in a **fast** manner. All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Printed version of the journals is also available upon request of readers and authors.

MORE RESOURCES

Book publication information: http://www.iiste.org/book/

Recent conferences: http://www.iiste.org/conference/

IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digtial Library , NewJour, Google Scholar